

## After Action Review Check List

☐ Yes ☐ No ☐ NA

Were all Incident/Supplemental forms collected and reviewed?

☐ Yes ☐ No ☐ NA

Was the surveillance video reviewed?

☐ Yes ☐ No ☐ NA

Was the surveillance video copied?

☐ Yes ☐ No ☐ NA

Was the juvenile assessed by medical personnel?

☐ Yes ☐ No ☐ NA

Was the medical documentation collected and reviewed (facility, hospital, clinic)?

☐ Yes ☐ No ☐ NA

Was a Qualified Medical Health Professional (QMHP) contacted?

☐ Yes ☐ No ☐ NA

Was the juvenile assessed by a QMHP?

☐ Yes ☐ No ☐ NA

Was the incident report and/or supporting documentation complete within 72 hours?

☐ Yes ☐ No ☐ NA

Was staff's emotional well-being considered?

☐ Yes ☐ No ☐ NA

Were staff injured?

☐ Yes ☐ No ☐ NA

Did staff require medical services?

☐ Yes ☐ No ☐ NA

Were all relevant notifications made (parents/guardians, case manager)?

☐ Yes ☐ No ☐ NA

Did involved staff follow Division policy?

## APD Response

☐ Yes ☐ No ☐ Under review

Was further action required?

APD Action/Additional Information